



MOUNTAIN HOME SCHOOL DISTRICT 193

470 North 3rd East Mountain Home, Idaho 83647-1390

James G. Gilbert, Superintendent
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MEMORANDUM OF UNDERSTANDING (MOU) AGREEMENT OF DISCLOSURE OF DATA/INFORMATION WITH OTHER ORGANIZATIONS/AGENCIES/OFFICES/PROGRAMS

Name of Requesting Organization/Agency/Office/Program _____ Date _____

The **Mountain Home School District No. 193** authorizes _____
Organization/Agency/Office/Program

to receive and use Mountain Home Public Schools Data (give a detailed list of the data/ information requested to be used or shared) for the purpose(s) of (include the scope and duration) and the information to be disclosed:

The receiving organization/agency/office/program agrees to use this data/information exclusively for the above purpose(s) only and agrees not to release this data, in part or in total, and/or any personal identification of parents and students or other information derived from this data in any form (electronic or printed) without the prior examination, approval, and written consent of the Superintendent of Schools or his/her official designee.

List the name, address, and/or phone number of additional parties included in your organization's/ agency's/office's/program's plans for the use of the above requested data/information.

NAME of additional party	PHONE/CONTACT/NUMBER	ADDRESS

***If additional names need to be added, please use a separate sheet of paper.

To organizations conducting studies, developing tests, administering student aid programs, and improving instruction; the study is conducted in a manner that does not permit personal identification of parents and students by individuals other than representatives of the organization that have legitimate interests in the information:

- The personally identifiable information from education records and other information can be used only for the specific purpose stated in this application.
- Access to information will be given only to persons who are directly connected with the administration or enforcement of the office/agency/program stated in this request.
- The information will be handled in a manner that protects student confidentiality and FERPA regulations.
- The responsibility for the accuracy of information contained on the application rests with the organization/agency/office/program that provided the information.
- The information is destroyed when no longer needed for the purposes for which the study was conducted.

Print Name and Title of Person Receiving Information

Date

Signature of Person Receiving Information

Receiving Organization/Agency/Office/Program

Print Name and Title of Person Releasing Information

Signature of Person Releasing Information

Date

ADOPTED: November 7, 2011

Reviewed: January 17, 2012

Reviewed: November 15, 2016

Reviewed: January 18, 2022